



Michigan Department of Agriculture  
PO Box 30776 \* Lansing MI 48909 \* 517-241-6666

65168 / 0364

Application is hereby made to the Director of the Michigan Department of Agriculture for an Agricultural Labor Camp License under Part 124, Agricultural Labor Camps, of the Public Health Code, 1978 PA 368, as amended.

## 2011 Agricultural Labor Camp License Application

Application must be received by MDA 30 days prior to camp occupancy.

### Corporate / Owner Information

Business Name \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

### Migrant Labor Housing Camp / Site Detail

County \_\_\_\_\_  
Political Township \_\_\_\_\_  
Camp Name \_\_\_\_\_  
Camp ID \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Opening Date \_\_\_\_\_  
Closing Date \_\_\_\_\_

### Housing / Living Unit Detail

Type	Number of Buildings	Square Footage	Occupancy
Self Contained	_____	_____	/ 100 = _____
Dormitory <sup>1</sup>	_____	_____	/ 40 or 50 = _____
Sleeper	_____	_____	/ 50 = _____

<sup>1</sup> 1 person per 50 sq. feet except if bunk beds, 1 person per 40 sq. feet

Total \_\_\_\_\_

X \$5 = \_\_\_\_\_

Total License Application Fee / Amount Enclosed: \_\_\_\_\_

Check or Money Order Number: \_\_\_\_\_

Please make check / money order payable to the State of Michigan and submit to the address at the top of the page

ES-001 (12/10)

I hereby certify that the foregoing information is accurate and complete.

Applicant Signature / Date

Please print your name here: